

No. 538686

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

| | | | | |
|-----------------------------|------------------------|---|---------|----|
| SENT TO | | | | |
| TOM MILLER | | | | |
| STREET AND NO. | | | | |
| VIRPONT MINES, LTD. | | | | |
| P.O., STATE AND ZIP CODE | | | | |
| P.O. Box 267 / Oakley / ID. | | | | |
| POSTAGE | | | 6 83346 | |
| CONSULT POSTMASTER FOR FEES | OPTIONAL SERVICES | CERTIFIED FEE | | ¢ |
| | | SPECIAL DELIVERY | | ¢ |
| | RETURN RECEIPT SERVICE | RESTRICTED DELIVERY | | ¢ |
| | | SHOW TO WHOM AND DATE DELIVERED | | ¢ |
| | | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | | ¢ |
| | | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | | ¢ |
| | | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | | ¢ |
| | TOTAL POSTAGE AND FEES | | | \$ |
| POSTMARK OR DATE | | | | |
| 5/2/79 | | | | |

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

ACT/003/005

- SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

- ☐ Show to whom and date delivered. \$
☐ Show to whom, date, and address of delivery. \$
☐ RESTRICTED DELIVERY
 Show to whom and date delivered. \$
☐ RESTRICTED DELIVERY
 Show to whom, date, and address of delivery. \$
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

MR. THOMAS F. MILLER
 VIBRANT MINES, LTD.
 P.O. BOX 267
 OAKLEY, IDAHO 83346

3. ARTICLE DESCRIPTION:

| | | |
|----------------|---------------|-------------|
| REGISTERED NO. | CERTIFIED NO. | INSURED NO. |
| | 538686 | |

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

4. Sharon Miller

DATE OF DELIVERY

5-3-79

POSTMARK

5/2/79

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S
INITIALS

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP CODE in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Moisten gummed ends and attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN
TO



STATE OF UTAH

Department of Natural Resources

Division of Oil and Gas Conservation

1528 West North Temple

Salt Lake City, Utah 84116

PENALTY FOR PRIVATE
USE TO VOID PAYMENT
OF POSTAGE \$300



(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)